

Case Number:	CM15-0174900		
Date Assigned:	09/16/2015	Date of Injury:	11/16/2011
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female who sustained an industrial injury on November 16, 2011. A recent primary treating office visit dated July 28, 2015 reported subjective complaint of increasing pain in her lower back with lower extremity pain and burning along with complaint of dizziness with the medications. The following diagnoses were applied: acute chronic lower back pain; herniated disc lumbar spine; radiculitis right lower extremity; headaches, and depression. The plan of care noted referral for pain management; recommendation for lumbar epidural injections times two treating intractable pain and radiculopathy; prescriptions and undergo a functional capacity examination. The following medications were prescribed this visit: Diclofenac, Omeprazole. The doctor's first report of illness form dated April 24, 2012 reported the following diagnoses applied: mood disorder, and maintaining sleep. Follow up visit dated February 10, 2015 current medication regimen consisted of: Omeprazole, Ondansetron, and Wellbutrin. Even back at primary follow up dated October 14, 2014 the medication regimen consisted of: Omeprazole, Ondansetron, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Epidural Injections times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The 46 year old patient complains of increasing lower back pain and lower extremity pain, as per progress report dated 07/28/15. The request is for lumbar epidural injections times 2. The RFA for this case is dated 07/30/15, and the patient's date of injury is 11/16/11. Diagnoses included acute or chronic lower back pain, herniated lumbar disc, right lower extremity radiculitis, headaches and depression. Medications included Diclofenac and Omeprazole. The patient is temporarily totally disabled, as per the same progress report. The MTUS chronic pain guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic 'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the patient complains of lower back and lower extremity pain, as per progress report dated 07/28/15. Physical examination revealed positive straight leg raise. MRI of the lumbar spine, dated 10/26/12, revealed central focal disc protrusion along with patent neural foramina. A request for lumbar epidural injections in first noted in progress report 11/25/14. The later reports do not state anything with respect to this request. The Utilization Review denial letter, however, states that the patient did receive ESI in 2014. The current request is noted in progress report dated 07/28/15. The treater states that the procedure is for the patient's intractable pain and radiculopathy. MTUS, nonetheless, requires continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks for repeat blocks. Given the lack of relevant documentation, the request is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 46 year old patient complains of increasing lower back pain and lower extremity pain, as per progress report dated 07/28/15. The request is for Omeprazole 20mg #60. The RFA for this case is dated 07/30/15, and the patient's date of injury is 11/16/11. Diagnoses included acute or chronic lower back pain, herniated lumbar disc, right lower extremity radiculitis, headaches and depression. Medications included Diclofenac and Omeprazole. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Omeprazole along with NSAID is first noted in progress report dated 10/14/15, and it appears that the patient has been using the medication at least since then. The treater states Omeprazole provided relief from gastritis. As per progress report dated 07/28/15, Omeprazole is being prescribed for NSAID gastritis prophylaxis. Prophylactic use of PPI is indicated by MTUS. Given the patient's history of GI issues, the request appears reasonable and is medically necessary.